ENTRY BLANK

PLEASE TYPE OR PRINT	Entered previous May Show
	✓ vés □ no
Ms.	
Mr. Artist LINDA	ROCKEII
Permanent 889 Roya	ALRD. (Last Name Last)
44110 Tel. (26)	481-5013 City
Zip Area Code	
Temporary or Studio Address	
Street	City
Tel. ()	
Zip Area Code	
If you do not presently live in o Western Reserve, which county Collaborator	
(If Any)	
If May Show entries are not acc	epted or not sold:
Artist will pick up at Museu	m.
☐ Museum should dispose of.	
☐ Museum should ship to artis	st C.O.D. at this address:
Special Instructions	
When necessary include below i	nstructions or a drawing of
how the object is to be assemble	
now the object is to be assemble	and displayed.

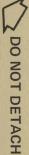
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature.



REJECTED

DATE

REJECTED